

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

CASE NUMBER

v.

PLAINTIFF(S)

**APPLICATION FOR REFUND OF FEES;
ORDER THEREON**

DEFENDANT(S)

Please complete all fields in Section I. If you are requesting a refund of fees paid online using pay.gov, also complete Section II. Then electronically file the completed form using the Application for Refund of Fees event in CM/ECF.

SECTION I

Name of Applicant: _____

Amount Paid: \$ _____

Requested Refund Amount \$ _____

Document Title and Docket #: _____

Transaction Date: _____

Receipt Number: _____

(If paid by cash/check only)

Reason for refund request:

- ☐ Duplicate or unnecessary payment submitted
- ☐ Overpayment of a required filing fee
- ☐ Pro hac vice application denied
- ☐ Other: _____

SECTION II (Complete only if you are requesting a refund of fees paid online using pay.gov. This information can be found in the pay.gov screen receipt or confirmation email.)

Account Holder Name: _____

Pay.gov Tracking ID: _____

Agency Tracking ID: _____

For Court Use Only**Fiscal Department**

- ☐ Refund issued
- ☐ Application referred to United States District/Magistrate Judge for ruling; it is recommended that the Application be:

☐ GRANTED

☐ DENIED pursuant to the policy of the Judicial Conference of the United States (*Guide to Judiciary Policy*, Vol. 4, Chap. 6, § 650)

IT IS ORDERED that the application for refund of fees is:

☐ GRANTED☐ DENIED_____
United States District/Magistrate Judge